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He could hear, but not acutely. He was committed in consequence of an attack upon his mother made during a passionate outburst. At the asylum he was put to bed to try the effect of quiet. He shortly began to complain again of headache. This rapidly became intense. In the midst of it, however, like one waking from sleep, he looked about and asked where he was and conversed rationally. The headache decreased, and after due time he was discharged well. Of the six weeks of his sickness he had no memory whatever, though he was clear as to events before and after it. The second case was a woman who developed mania from a cranial fracture after eighteen years. The third was lastingly and rapidly cured in a seventh attack of mania by a fall on his head received in some of his antics, and for the fourth, a blow on the head from a fellow-patient had the same happy effect.

*On Paralysis by Exhaustion.* CH. FÉRÉ (Paris). Brain, July, 1888.

Dr. Féré gives two cases of paralysis due to exhaustion. The first was a blacksmith who, by two hours of extra work, brought on right hemiplegia, most marked in his arm. He was not, as far as could be found out, of neuropathic stock, but as a child had had nocturnal tremors and chorea. He was slightly anæmic, but without structural defect. When examined he was found anæsthetic on the right side—most so in the arm, the position of which he could not tell in the dark. In walking he dragged his foot. The visual field and the acuteness of the right eye were reduced, but there was no color blindness. The knee-jerk was increased. There was a certain hysterical element in the case, and the trouble was diagnosed as functional. The patient recovered with tonic treatment. The second case was a somewhat anæmic young woman of neurotic family, who brought on left hemiplegia by nine hours of practice at the piano. She had some power of movement in the upper arm, but little in the forearm and fingers; could not stand on the left leg with eyes closed, and dragged her foot in walking. The knee-jerk was normal. There was some anæsthesia of the leg, and the forearm was insensible to contact, pinching and temperature. The position of the hand and fingers could not be told with the eyes closed. In both cases the dynamometer showed increased power on the well side, which declined as the injured side recovered. A similar thing has been noticed in hypnotically suggested paralyses. In organic hemiplegia, on the contrary, the well side generally shows a concurrent decline. Dr. Féré notes this as a possible distinction between the two. In these two cases, and in others cited, an "idea" has played a part, but one secondary to the exhaustion, just as in a hypnotic subject the suggested idea of paralysis is more quickly taken up if it follows some depressing suggestion, or a therapeutic suggestion is more effective after one of increased vitality.

*Insanity and the Care of the Insane.* CLARK BELL. Read before the Medico-Legal Society of New York, March 9, 1887.

*Inaugural Address of Clark Bell as President of the Medico-Legal Society of New York,* January 10, 1888.

The first section of the first of these papers collates between forty and fifty definitions of insanity, to which the author finally adds his own. He speaks next briefly of the history of asylums in the